



Monthly Timesheet (Off – Campus Programming)

School: _____ Name of Student: _____

Work Placement: _____ Month: _____

Date	Arrived	Left	Total Hours
TOTAL HOURS			

Supervisor’s Comments: _____

Observed Strengths: _____

Suggestions for Improvement: _____

Overall Performance Rating:

1. Unsatisfactory _____ 2. Below Average _____ 3. Average _____ 4. Above Average _____ 5. Outstanding _____

Employer’s Signature

Student’s Signature